

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 16 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P93000039766 (9)

1. Corporation Name  
COLEMAN TRANSPORTATION, INC.

Principal Place of Business  
15220 FIDDLESTICKS BLVD.  
FT. MYERS FL 33912

Mailing Address  
13822 LIBERTY MILLS ROAD  
FT. WAYNE IN 46804



DO NOT WRITE IN THIS SPACE

|                                |  |                     |  |   |  |  |  |
|--------------------------------|--|---------------------|--|---|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified               |  | 3a. Date of Last Report  |  |
| 21                             |  | 26                  |  | 06/04/1993                                      |  | 02/16/1996   |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number                                   |  | Applied For  |  |
| 22                             |  | 27                  |  | 65-0414375                                      |  | Not Applicable   |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired                |  | 8.75 Additional Fee Required                                     |  |
| 23                             |  | 28                  |  | <input type="checkbox"/>                        |  | 5.00 May Be Added to Fees  |  |
| Zip                            |  | Zip                 |  | 6. Election Campaign Financing                  |  | 8. This corporation owes or has paid the current year Intangible |  |
| 24                             |  | 29                  |  | Trust Fund Contribution                         |  | Personal Property Tax due June 30.                               |  |
| Country                        |  | Country             |  | <input type="checkbox"/>                        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No         |  |
| 25                             |  | 30                  |  | 7. Name and Address of Current Registered Agent |  | 10. Name and Address of New Registered Agent                     |  |
| 29                             |  | 30                  |  | 81 Name   |  | 82 Street Address (P.O. Box Number is Not Acceptable)            |  |
| 29                             |  | 30                  |  | 83  |  | 84 City  |  |
| 29                             |  | 30                  |  | 85  |  | Zip Code   |  |

CAPITAL CONNECTION INC  
417 E VIRGINIA ST  
SUITE ONE  
TALLAHASSEE FL 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

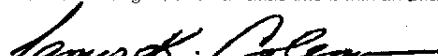
(NOTE: Registered Agent signature required when reinstating)

DATE

|                            |  |   |  |
|----------------------------|--|---|--|
| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE                      |  | 1.1 TITLE   |  |
| NAME                       |  | 1.2 NAME  |  |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 1.4 CITY-ST-ZIP                                       |  |
| 2.1 TITLE                  |  | 2.2 NAME  |  |
| 2.3 STREET ADDRESS         |  | 2.4 CITY-ST-ZIP                                       |  |
| 3.1 TITLE                  |  | 3.2 NAME  |  |
| 3.3 STREET ADDRESS         |  | 3.4 CITY-ST-ZIP                                       |  |
| 4.1 TITLE                  |  | 4.2 NAME  |  |
| 4.3 STREET ADDRESS         |  | 4.4 CITY-ST-ZIP                                       |  |
| 5.1 TITLE                  |  | 5.2 NAME  |  |
| 5.3 STREET ADDRESS         |  | 5.4 CITY-ST-ZIP                                       |  |
| 6.1 TITLE                  |  | 6.2 NAME  |  |
| 6.3 STREET ADDRESS         |  | 6.4 CITY-ST-ZIP                                       |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



7-24-97

219-493-4051

CR2E034 (4/97)